

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90031 036 ****55.00

20029214



01272006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-1250488** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

DOCUMENT # L05000069351
 1. Entity Name
MVP INVESTMENTS LLC



Principal Place of Business
**5325 N.W. 126TH AVE.
 CORAL SPRINGS, FL 33076**

Mailing Address
**5325 N.W. 126TH AVE.
 CORAL SPRINGS, FL 33076**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

**RITTER, GREGORY J ESQ.
 7000 WEST PALMETTO PARK ROAD, SUITE 305
 BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent

Name **Mark E. Pierson**
 Street Address (P.O. Box Number is Not Acceptable)
5325 NW 126th Drive
 City **Coral Springs** FL Zip Code **33076**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mark E. Pierson** *Mark E. Pierson* **4/11/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Mark E. Pierson* **Mark E. Pierson** **4/11/06** **305-626-5802**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #